

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017494

4802

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED MAY 9 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE

Missouri

c. CITY OR TOWN

St. Louis

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

St. Luke's Hospital

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

5043 Washington

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First

IRWIN

Middle

COHEN

Last

4. DATE OF DEATH

Month

Day

Year

MAY 2nd, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2/6/88

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Presser

10b. KIND OF BUSINESS OR INDUSTRY

Clothing

11. BIRTHPLACE (City and state or country)

Austria

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

SOLOMON COHEN

13b. MOTHER'S MAIDEN NAME

FANNY FRISCHMANN

14. NAME OF HUSBAND OR WIFE

OLGA COHEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give year or dates)

UNK.

NO.

17. INFORMANT

Address

OSCAR COHEN 1268 George St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hemorrhage from tumor site during explorative surgery

INTERVAL BETWEEN ONSET AND DEATH

3 hr

Condition, if any, which gave rise to above cause (a)

DOE TO (b)

Advanced carcinoma of right lung with involvement of superior vena cava, and abscess formation

DOE TO (c)

3+ mo

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

163X

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK? ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4/16/63 to 5/2/63 and last saw him live on 5/2/63

Death occurred at 7:10 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

MD

22b. ADDRESS

St. Lukes Hosp

22c. DATE SIGNED

5/2/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

5/3/63

23c. NAME OF CEMETERY OR CREMATORY

Mt. Sinai Cemetery

23d. LOCATION (City, town, or county)

St. Louis County Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

HERMAN RINDSKOPF INC. 5216 DELMAR

25. DATE RECD. BY LOCAL REG.

MAY 3 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.